

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2013	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000000	<p>This visit was for the pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: February 19, 20, 21, 22, 26, 27 and March 4, 5, 8 and 15, 2013</p> <p>Facility number: 001107 Provider number: 15G593 AIM number: 100245570</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 1, 2013 by Dotty Walton, Medical Surveyor III.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) living at the group home, to supply bathrooms with paper products.</p> <p>Findings include:</p> <p>An evening observation was conducted on 2/19/13 from 5:00 P.M. until 7:15 P.M.. At 5:30 P.M., client #8 entered the bathroom located off the living room area of clients #1, #2, #3, #4, #5, #6, #7 and #8's home. When client #8 exited his hands were wet and he wiped his wet hands on his pant legs. At 5:45 P.M., client #2 entered the bathroom located off the living room. When client #2 exited the bathroom his hands were wet. At 5:50 P.M., the bathroom was observed with no toilet paper holder, no toilet paper and no towels or paper towels for the clients' use. At 5:53 P.M., the bathroom located off the kitchen was observed with no toilet paper holder and no toilet paper.</p> <p>An interview with the Direct Support Professional (DSP) #4 was conducted on 2/19/13 at 6:00 P.M.. DSP #4 indicated the toilet paper holders needed to be</p>			W000104	<p>The current policy for the facility is to maintain the health and safety of the clients at all times. The facility is responsible and will provide toilet paper and paper towels for each bathroom and for all the clients that live in the home. The Program Director will retrain the Home Manager on making sure that all supplies are in the home. The Home Manager will retrain the staff to make sure all supplies are restocked in all the bathrooms of the home. The Home manager will check the house weekly to make sure supplies are in the home and if for any reason they are not the Home Manager will replace them immediately. The Program Director will check the house monthly to make sure that all the supplies are in the home for the clients and staff use. Responsible Party: Area Director</p>		04/13/2013

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	<p>replaced. DSP #4 further indicated there should be toilet paper and paper towels available for the clients' use.</p> <p>An interview with the Program Director (PD) was conducted on 3/8/13 at 1:30 P.M. The PD indicated there should be toilet paper holders, toilet paper and paper towels available at all times for clients #1, #2, #3, #4, #5, #6, #7 and #8's use.</p> <p>9-3-1(a)</p>						

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to provide assistance to exercise their rights by restricting access to the home's heating/cooling thermostat.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/19/13 from 5:45 A.M. until 8:00 A.M. During the entire observation, the heating/cooling thermostat located in the hallway leading to the clients' bedrooms had a clear plastic locked box over the thermostat.</p> <p>An evening observation was conducted at the group home on 2/19/13 from 5:00 P.M. until 7:30 P.M. During the entire observation, the heating/cooling thermostat located in the hallway leading to the clients' bedrooms had a clear plastic locked box over the thermostat.</p> <p>A day observation was conducted at the group home on 2/26/13 from 9:45 A.M.</p>		W000125	<p>The facility is committed to maintaining the rights of all the clients in which the home they live. All employees are trained on the client's rights upon hire and annually. The plastic cover was removed from the thermostat so the client can have free access to the heating and cooling system. The Program Director and Home Manager will be retrained by the Area Director that the clients should have access to the heat and cooling system in their home. The staff will be retrained by the Program Director on the clients rights and specifically the need to access the heating and cooling of their home. The Home manager will check on a daily and weekly basis to make sure the client have full access of the heating and cooling system in their home. The Program Director will check monthly to make sure that the clients have access to the heating and cooling system in their home. Responsible Party: Area Director</p>		04/13/2013	

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	<p>until 12:30 P.M. During the entire observation, the heating/cooling thermostat located in the hallway leading to the clients' bedrooms had a clear plastic locked box over the thermostat.</p> <p>An interview with Direct Support Professional (DSP) #4 was conducted at the group home on 2/19/13 at 5:45 P.M. DSP #4 indicated the heating/cooling thermostat was locked at all times.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 2/22/13 at 11:30 A.M. The review failed to indicate the need for the home heating/cooling thermostat to be restricted for client #1.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 2/22/13 at 11:55 A.M. The review failed to indicate the need for the home heating/cooling thermostat to be restricted for client #2.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 2/22/13 at 1:55 P.M. The review failed to indicate the need for the home heating/cooling thermostat to be restricted for client #3.</p> <p>A review of client #4's record was</p>						

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	<p>conducted at the facility's administrative office on 2/22/13 at 1:24 P.M. The review failed to indicate the need for the home heating/cooling thermostat to be restricted for client #4.</p> <p>An interview with the Program Director (PD) was conducted on 3/8/13 at 1:30 P.M. The PD stated, "The thermostat should not be locked."</p> <p>9-3-2(a)</p>						

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W000225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review and interview, the facility failed to assess the vocational needs of 4 of 4 sampled clients requiring vocational assessments (clients #1, #2, #3 and #4).</p> <p>Finding include:</p> <p>Client #3 was observed at the group home on 2/20/13 from 10:00 A.M. until 12:24 P.M. During the observation client #3 sat in the living room and watched television. No alternative day service was observed to be provided.</p> <p>Client #3 was observed at the group home on 2/22/13 from 10:00 A.M. until 2:30 P.M. During the observation client #3 sat in the living room and watched television. No alternative day service was observed to be provided.</p> <p>Client #3 was observed at the group home on 2/26/13 from 9:45 A.M. until 11:30 A.M. During the observation client #3 sat in the living room and watched television. No alternative day service was observed to be provided.</p> <p>Client #1's record was reviewed on 2/22/13 at 11:30 A.M. A review of the</p>		W000225	<p>The facility currently does a series of assessments to include the needs and ability of the client. The PD is trained that an assessment is done upon admission and annually of the client to determine skills, progress and areas that need to be improved. Client #1, 2,3 and 4 will have an assessment completed on them in addition to all the other clients who live in the home. The Program Director will be retrained on the assessment process by the Area Director. A copy of the assessment will be maintained in the home and sent to other outside agencies such as Day Program for documentation and support of the client during work and activities. Periodically assessments can be amended based upon the need for change the client or additional support. The Program Director will retrain the Day Program Manager on the assessments and how to use them for the client as a support tool. Responsible Party: Area Director</p>		04/13/2013	

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	<p>client's record failed to indicate client #1's vocational needs and abilities had been assessed.</p> <p>Client #2's record was reviewed on 2/22/13 at 11:55 A.M. A review of the client's record failed to indicate client #2's vocational needs and abilities had been assessed.</p> <p>Client #3's record was reviewed on 2/22/13 at 1:55 P.M. A review of the client's record failed to indicate the client's vocational needs and abilities had been assessed.</p> <p>Client #4's record was reviewed on 2/27/13 at 1:24 P.M. A review of the client's record failed to indicate the client's vocational needs and abilities had been assessed.</p> <p>The Day Program Home Manager (DPHM) was interviewed on 3/8/13 at 12:15 P.M. The DPHM indicated client #1, #2, #3, and #4's vocational needs and abilities had not been assessed.</p> <p>9-3-4(a)</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to implement written objectives during times of opportunity for 4 of 4 sampled clients and 1 additional client (clients #1, #2, #3, #4 and #7).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/19/13 from 6:15 A.M. until 8:00 AM. At 6:30 A.M., Direct Support Professional (DSP) #1 administered client #3's prescribed medication. Client #3 did not learn about his medications. At 6:44 A.M., DSP #1 administered client #7's prescribed medications. Client #7 did not learn about his medications and did not punch out his medications. During the observation period clients #2, #3 and #4 sat in the living room unsupervised and with no activity. Client #1 stayed in his room in the dark with no activity. DSP #1 administered medications and DSP #2 cooked breakfast while clients #2, #3 and</p>			W000249	<p>The facility currently trains staff upon hire and annually on the importance of active treatment and how to implement the goals of the clients. The PD will retrain staff on active treatment and how to implement the goals of the clients. The PD will retrain staff on active treatment and appropriate times to implement the goals of the clients. The Home Manager will check daily that the goals are being implemented and documented. The Program Director will check monthly that the goals are being implemented and documented appropriately. If for any reason goals are not successful or do not meet the clients needs. The team will meet along with the client to determine appropriate goal choices. The home facility Program Director will retrain the Day service Manager and staff on active treatment and implementing the client goals formally and informally.</p>		04/13/2013

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	<p>#4 sat unsupervised and with no activity. Client #1 did not and was not prompted to wear his prescribed eyeglasses during the entire observation. There was no choice of activities offered nor implementation of clients' goals during this observation period.</p> <p>A review of client #1's record was conducted on 2/22/13 at 11:30 A.M. The Individual Program Plan (IPP) dated 5/12/11 indicated: "Will wear his glasses more with staff assistance...Will sit down with staff and sort out his petty cash change into denominations...Cooking, will set his own place setting...will become more independent with cleaning his room.....Will increase his self medicating skills by holding his med cup."</p> <p>A review of client #2's record was conducted on 2/22/13 at 11:55 A.M. A review of client #2's ISP dated 10/2/12 indicated: "Will punch out his medications...Will sort out any cash that is in his petty cash...will set the kitchen table...Will participate in a physical activity."</p> <p>A review of client #3's record was conducted on 2/22/13 at 1:55 P.M. The ISP dated 11/1/12 indicated: "Will learn about his medications...Will increase his</p>						

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	<p>physical activity...Will reconcile his petty cash...Will participate in household chores."</p> <p>A review of client #4's record was conducted on 2/27/13 at 1:24 P.M. The ISP dated 7/30/12 indicated: "Will punch out her medications...Will count her petty cash...Will walk daily...Will participate in household chores."</p> <p>A review of client #7's record was conducted on 2/27/13 at 10:55 A.M. The ISP dated 1/22/13 indicated: "Will punch out his medications...Will count her petty cash...Will walk daily...Will participate in household chores."</p> <p>The Program Director (PD) was interviewed on 3/8/13 at 1:30 P.M. The PD indicated active treatment should be ongoing and training should be both formal and informal. She further indicated there should be enough staff present to carry out the training objectives.</p> <p>9-3-4(a)</p>						

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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility failed for 3 of 3 clients who needed revisions to their Behavior Support Plans (BSPs) due to elopement from the group home and physical aggression (clients #1, #3 and #7) to ensure the Human Rights Committee (HRC) signed approvals at a time when members were present or able to have discussions regarding the approvals of BSPs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 2/22/13 at 11:30 A.M. Review of client #1's record indicated a letter dated 7/5/12 addressed to each of the facility's HRC members indicating: "Dear Human Rights Committee/Interdisciplinary Team: This letter is in regards to [client #1]. [Client #1's] behaviors have continued and increased physically aggressive occurrences. [Doctor name] has prescribed [client #1] Lorazepam (anxiolytic) 1 mg (milligram) tablet orally</p>			W000262	<p>The facility is committed to making sure that the clients health and safety is maintained at all times. The Program Director is trained during supervisory training on the role of The Human Right's Committee and how often they should be meeting regarding the clients medication and program changes. The Program Director will be retrained on this process by the Area Director. Th Program Director will make sure that the Human Right's Committee meet as needed based on the needs of the client and how quickly the changes need to be implemented according to their health and safety. During this time the Program Director will have hand written notes taken by the designated Human Rights Member and copies given to the team to keep track of what was discussed by the Program Director. The Program Director will be retrained by the Area Director that formal notices should be sent to all team members in a timely fashion and that no changes will be implemented until the committee has met and agreed to what is</p>		04/13/2013

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	<p>twice a day to help minimize his behavior. Your approval is required before the above changes are implemented. Please indicate below whether you agree or disagree with the changes. Return the form in the attached envelope. If you have any questions please feel free to contact me."</p> <p>A review of client #3's record was conducted on 2/22/13 at 1:55 P.M. Review of client #3's record indicated a letter dated 12/17/12 addressed to each of the facility's HRC members indicating: "Dear Human Rights Committee/Interdisciplinary Team: This letter is in regards to [client #3]. [Client #3] has eloped twice from his residence. [Behavior Specialist name] has developed a behavior support plan especially for his needs. We need your your help inorder to implement this plan to support [client #3's] behaviors. Your approval is required before the above changes are implemented. Please indicate below whether you agree or disagree with the changes. Return the form in the attached envelope. If you have any questions please feel free to contact me."</p> <p>A review of client #7's record was conducted on 2/22/13 at 4:30 P.M.. Review of client #7's record indicated a letter dated 7/5/12 addressed to each of</p>				<p>needed to support the client in which we serve. In the future the Area Director will review the HRC meeting notes to ensure all the HRC issues have been discussed and approved by the HRC team. Responsible Party: Area Director</p>		

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	<p>the facility's HRC members indicating: "Dear Human Rights Committee/Interdisciplinary Team: This letter is in regards to [client #7]. [Client #7] has had increased targeted behaviors which include irritability, temper outbursts and other occurrences. [Doctor name] prescribed [client #7] with Lorazepam 1 mg (milligram) twice daily, which will help decrease these activities. Your approval is required before the above changes are implemented. Please indicate below whether you agree or disagree with the changes. Return the form in the attached envelope. If you have any questions please feel free to contact me."</p> <p>An interview with the Program Director (PD) was conducted on 3/8/13 at 1:30 P.M. The PD indicated HRC meetings/discussions were not held for the mentioned approvals. The PD further indicated letters were sent out to all HRC members to obtain approvals.</p> <p>9-3-4(a)</p>						

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W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (client #3), to promote his dignity by not ensuring he was groomed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/19/13 from 5:45 A.M. until 8:00 A.M.. During the entire observation client #3 was observed to have unkept facial hair. Client #3 had his hair unkept/uncut and was unshaven.</p> <p>A evening observation was conducted at the group home on 2/19/13 from 5:00 P.M. until 7:30 P.M.. During the entire observation client #3 was observed to have unkept facial hair. Client #3 had his hair unkept/uncut and was unshaven.</p> <p>An interview with client #3 was conducted at the group home on 2/26/13 at 11:15 A.M.. When asked when he went to get a hair cut client #3 stated "I don't have no money to get my hair cut."</p> <p>An interview with the Program Director (PD) was interviewed on 3/8/13 at 1:30 P.M.. The PD stated client should be</p>		W000268	<p>The facility is committed to promoting the welfare and dignity of the clients we serve. The facility is also committed to maintaining the health and safety of all the clients we serve. The Program Director and the Home Manager are trained during supervisory training that the facility is responsible to maintain all the needs of the clients we serve while they live in the facility. The Program Director and Home Manager will be retrained that all the clients should receive hair cuts at and outside facility that will be paid for by the facility. The Program Director will do an assessment on the client to during the needs and supports needed while shaving. After the assessment is done a formal goal will be put in place to assist the client with shaving. The Program Director will retrain staff on assisting and making sure all clients are shaved appropriately in accordance to the need level of the client. The staff will be retrained by the Program Director to document on the formal goal the level of progress being made by the client. The Home Manager will monitor the client and documentation daily and weekly to make sure appropriate grooming is taking place for the</p>		04/13/2013	

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	<p>taken for haircuts at least monthly and clients should be shaven daily.</p> <p>9-3-5(a)</p>			<p>client. The Program Director will monitor the client and documentation at least weekly and monthly to make sure appropriate grooming is taking place for the client we serve.</p>			

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2 and #4) to have follow up vision and hearing exams as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 2/22/13 at 11:30 A.M. Client #1's record indicated a most current hearing evaluation dated 1/13/10 which indicated: "Follow up in three years to monitor hearing status." Client #1's record did not contain evidence he had a follow up in three years.</p> <p>A review of client #2's record was conducted on 2/22/13 at 11:55 A.M. Client #2's record indicated a most current vision evaluation dated 4/6/11 which indicated: "Return in one year." Clients #2's most current hearing evaluation dated 1/6/10 indicated "Return in three years." Client #2's record did not contain evidence he had a follow up vision evaluation as recommended in one year and he did not have a follow up hearing evaluation in three years as</p>		W000323	<p>The facility is committed to maintain the health and safety of the clients. The facility is responsible for making sure that all clients appointments are made and kept in a timely manner. The Home Manager, Program Director and Facility Nurse will be retrained by the Area Director on maintaining the clients health by making and keep all appointments. The Home Manager, Program Director and Facility Nurse will also be retrained on following the physicians orders as prescribed on the medication form. If for any reason appointments are canceled the Home Manager will reschedule the appointment immediately so that client #1,2, and 4 is receiving the appropriate care while in the facility. In the future, the Home Manager will meet with the nurse on at least monthly basis to ensure the client's medical appointments are scheduled and current.</p>		04/13/2013	

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	<p>recommended.</p> <p>A review of client #4's record was conducted on 2/27/13 at 1:24 P.M. Client #4's record indicated a most current annual physical dated 12/13/11. Client #4's record did not contain evidence she had an annual physical for the calendar year of 2012.</p> <p>The Registered Nurse (RN) was interviewed on 3/8/13 at 1:40 P.M. The RN indicated clients #1, #2 and #4 did not return to the physicians as recommended.</p> <p>9-3-6(a)</p>						

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview 1 of 4 sampled clients (client #3), the facility's nursing services failed to reconcile medication labels, the Medication Administration Record (MAR) and Physician Orders (POs).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/19/13 from 6:15 A.M. until 8:00 A.M. At 6:30 A.M., Direct Support Professional (DSP) #1 administered client #3's prescribed medications. Review (2/19/13 6:15 A.M.) of client #3's medication packets indicated: "Fexofenadine 180 mg (milligram) tablet (allergies)...1 tablet by mouth daily at bedtime." The medication packet had written in black marker "7 A.M."</p> <p>A review of the MAR dated 2/1/13 to 2/28/13 was conducted at 6:35 A.M. and indicated "Fexofenadine 180 mg tablet...1 tablet daily at bed time." The MAR also had "7 A.M." typed where staff were to initial after administration. A review of the Physician's Orders (PO) dated 2/2013 indicated "Fexofenadine 180 mg tablet...1 tablet by mouth daily at bed time." The PO also indicated the medication to be</p>		W000331	<p>The Nurse will be retrained by the Area Director that all meds should be package and labeled appropriately prior to coming from the pharmacy. If for any reason any medications is not labeled or labeled inappropriately the Facility Nurse will contact the pharmacy and have this corrected immediately. Client #3 times and labels have been corrected on the MAR and nasal spray bottle. The Nurse will also be retrained by the Area Director that the label must match the medication administration record prior to staff administering medication. Staff will be retrained to compare the medication with the medication administration record during each medication pass. If for any reason there is a discrepancy with the labels and medication administration record staff should contact the Facility Nurse and On Call Supervisor immediately for instructions. Responsible Party: Area Director</p>		04/13/2013	

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	<p>administered at 7 A.M.</p> <p>An interview with the facility's Registered Nurse (RN) was conducted on 2/20/13 at 12:45 P.M.. When asked who checked the MAR, PO and medication packages to ensure the directives for administration matched, the RN stated "I do and the pharmacy. It got over looked and I will call the pharmacy."</p> <p>9-3-6(a)</p>						

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W000388	<p>483.460(m)(1)(i) DRUG LABELING</p> <p>Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients observed during morning medication administration (client #3), to have the medication labeled.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/19/13 from 6:15 A.M. until 8:00 A.M. Client #3's medications were administered by Direct Support Professional (DSP) #1 at 6:30 A.M. A nasal spray bottle was taken from client #3's medication bin. The bottle did not contain client #3's name or instructions for administration. The bottle did not contain a pharmacy label.</p> <p>A review of the Medication Administration Record dated February 1, 2013 to February 28, 2013 was conducted at 6:35 A.M. The MAR indicated: "Fluticasone Propionate...Nasal Spray 50 mcg (micrograms)...1 spray in each nostril daily."</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/20/13 at 12:45 P.M. The RN indicated all medications should have a pharmacy label on them.</p>			W000388	<p>The Facility Nurse will be retrained by the Area Director that all medication should be packaged and labeled appropriately prior to coming from the pharmacy. If for any reason any medication is not labeled or labled inappropriately the facility nurse will contact the pharmacy immediately and have this issue corrected. Client #3 issue with the time and label has been corrected on the MAR and nasal spray bottle. The Facility Nurse will also be retrained by the Area Director the label must match the medication administration record prior to staff administering medication. Staff will be retrained by the facility nurse to compare the medication with the medication administration record during the medication pass. If for any reason there is a discrepancy with the label and medication administration record staff should contact the facility nurse and on call supervisor for instructions. Responsible Party: Area Director</p>		04/13/2013

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, for 1 of 4 sampled clients who wore eyeglasses (client #1), the facility failed to encourage and teach client #1 to wear his eye glasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/19/13 from 5:45 A.M. until 8:00 A.M. During the entire observation period client #1 did not wear his prescribed eyeglasses. Client #1 was not prompted by staff to wear his eyeglasses.</p> <p>An evening observation was conducted at the group home on 2/19/13 from 5:00 P.M. until 7:30 P.M.. During the entire observation period client #1 did not wear his prescribed eyeglasses. Client #1 was not prompted by staff to wear his prescribed eyeglasses.</p> <p>A facility owned day program observation was conducted on 3/8/13 from 10:00 A.M. until 1:00 P.M. Client #1 was</p>			W000436	<p>The facility is committed to maintaining the health and safety of the clients. The Program Director and Home Manager will be retrained by the Area Director on providing and maintaining the clients glasses, dentures and any other adaptive equipment the client requires. The Program Director will do an assessment on the client to determine what level of support the client needs in order to maintain all adaptive equipment. The Program Director will then put a formal goal in place to support the client and document progress made by the client. The Program Director will retrain staff on the goal and documentation of the goal. The Program Director will provide and train the Day service Manager and staff on all adaptive equipment and the goals put in place in order to document progress or additional support needed by the client. The Day service manager will implement the goals for the clients for additional training will at day program. In the future the Program Director and Home Manager will do an active</p>		04/13/2013

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	<p>observed during the entire observation period not wearing eye glasses. Client #1 was not prompted by staff to wear his prescribed eyeglasses.</p> <p>A review of client #1's record was conducted on 2/22/13 at 11:30 A.M. Review of client #1's most current vision exam dated 3/14/12 indicated: "Patient to wear glasses...prescription for Nystagmus."</p> <p>An interview with the nurse was conducted at the facility's administrative office on 3/8/13 at 1:40 P.M. The nurse indicated client #1 wore eyeglasses. When asked if staff should encourage and teach client #1 to wear his prescribed eyeglasses, the nurse stated "Yes."</p> <p>9-3-7(a)</p>				treatment observation for 30 days to monitor progress. Responsible Party: Area Director		

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3 was observed at the group home</p>		W009999	<p>The facility is committed to making sure that all policies and prodecures are being met according to state guidelines. The Program Director is trained during supervisory training that all the client are required to have a meaningful day and should be participating in some form of vocational training whether that be through volunteer, paid work or a sheltered workshop. Upon admission of the client there are several assessments done to determine the level of needs, supports and vocational training the client would like to pursue. The Program Director will be retrained by The Area Director on this process to make sure it is implemented immediately. The Program Director will also be retrained by the Area Director that regular team meetings are held to make sure that the process f the client entering a day program is happening immediately. If for any reason there are any set backs as to why the client is not in a day program setting an activity schedule will be put in place for the client to be active in the community while waiting for day placement. Aslo during this time a team meeting should be held as needed by the Program Director in order to meet the clients needs regarding community inclusion and a meaningful day.Responsible Party: Area</p>		04/13/2013	

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	<p>on 2/20/13 from 10:00 A.M. until 12:24 P.M. During the observation client #3 sat in the living room and watched television. No alternative day service was observed to be provided.</p> <p>Client #3 was observed at the group home on 2/22/13 from 10:00 A.M. until 2:30 P.M. During the observation client #3 sat in the living room and watched television. No alternative day service was observed to be provided.</p> <p>Client #3 was observed at the group home on 2/26/13 from 9:45 A.M. until 11:30 A.M. During the observation client #3 sat in the living room and watched television. No alternative day service was observed to be provided.</p> <p>Client #3's records were reviewed on 2/22/13 at 1:55 P.M. A review of the client's record failed to indicate he attended day service.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 2/22/13 at 12:20 P.M. The GHM indicated client #3 had not attended day services since his admission on 10/1/12. The GHM further indicated the facility was in the process of having him attend day services.</p>			Director			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2013	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>The Program Director (PD) was interviewed on 3/8/13 at 1:30 P.M. The PD indicated the facility is working to acclimate client #3 to an outside day services program. When asked if client #3's present day activities met the criteria and certification requirements established by the Division of Aging and Rehabilitative Services for all day service providers, the PD indicated she wasn't sure.</p> <p>9-3-4(b)(1)(2)</p>						